2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 771263

Entity Name: LA PALAPA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 65-0984623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASE, SUSAN CAM
C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W #103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SZEMON, ROBERT
Address: 4904 VINCENNES ST #203
City-St-Zip: CAPE CORAL, FL 33904 US

Title: ST ( ) Delete
Name: LEMKE, SARETTA
Address: 4904 VINCENNES ST #101
City-St-Zip: CAPE CORAL, FL 33904

Title: V ( ) Delete
Name: MARTIR, CARLOS
Address: 4904 VINCENNES ST #107
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STURTECKY, RONALD
Address: 4904 VINCENNES ST #105
City-St-Zip: CAPE CORAL, FL 33904 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: BRANCATI, WILLIAM
Address: 4904 VINCENNES ST #102
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARETTA LEMKE ST 04/30/2008

Electronic Signature of Signing Officer or Director — Date